



# PONTIFICIA UNIVERSIDAD CATÓLICA DE CHILE

## RESEARCH VICE-RECTOR OFFICE POSTDOCTORAL FELLOWS' ENROLLMENT FORM

### PERSONAL BACKGROUND

First Name			
Middle Name			
Last Name			
Address			
e-mail (Personal)			
e-mail (UC account)			
Citizenship			
RUT - ID		Gender	Female/Male
Birth Date		Fixed telephone	
Status	Single/Married/Other	Mobile	
Public / Private Health Insurance (Isapre/Fonasa)	YES / NO	Isapre's Name	
Other Health Insurance	YES / NO	Dependents	YES / NO

### UNIVERSITY EDUCATIONAL BACKGROUND

Bachelor Degree	
Institution	
Graduation Year of Bachelor Degree	
Country and City	
Postgraduate Degree	
Institution	
Graduation Year of Postgraduate Degree	
Country and City	
Postgraduate Degree	
Institution	
Graduation Year of Postgraduate Degree	
Country and City	
Other Studies	



### POSTDOCTORAL BACKGROUND

Academic Unit	
Department	
Laboratory	
Campus	
Sponsor Professor	
Research Line	
Working Hours per week	
Starting Date	
End Date	
Funding Source	
Project Budget (salaries, other expenses)	

### POSTDOCTORAL AT PUC

Academic Unit	
Department	
Laboratory	
Campus	
Sponsor Professor	
Research Line	
Working Hours per week	
Starting Date	
End Date	
Funding Source	
Project Budget (salaries, other expenses)	

### OTHER BACKGROUND (if appropriate, fill out)

Have you worked at UC?	YES/NO	Type of Contract	
UC Teaching participation	YES/NO	Course	
Teaching Appointments at UC	YES/NO	Category	

### OTHER BACKGROUND

Type of Visa		Expiration Date	
Other			



I declare all this information is reliable and that any false or omitted information will constitute a reason for rejection to the admission process to the Postdoctoral Fellow category.

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Postdoctoral Fellow Signature

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Dean Signature

Date \_\_\_\_\_

**Note:**

The postdoctoral fellow must enclose an Isapre and/or Health Insurance Certificate, if appropriate.